

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>11/16/04</u>		2 Serial/Patent # <u>091081,891</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input checked="" type="checkbox"/> Cert of Correction Terminal Disc.		<u>10</u>	<u>5/25/04</u> \$ <u>110.</u>
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>110.</u>
		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check	
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		<u>9</u> <u>08 -- 0750</u>	
<input checked="" type="checkbox"/> No Fee Due (Explanation):		<u>To unnecessary. Application filed after 6/8/95.</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Andrea Smith</u>		TITLE: <u>Pat. Tm. R.</u>	
SIGNATURE: <u>ASmith</u>		PHONE: <u>(571)272-5226</u>	
OFFICE: <u>PTC of Bethesda</u>		*****	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Alvin Kell</u>		DATE: <u>11/18/04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B